



**DHS**  
**Limited English Proficient/Sensory Impaired Program**  
**Contractor Feedback Form**

Contract Interpreter Name & Telephone Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Division/Office Requesting Service: \_\_\_\_\_

DHS Contact Person & Telephone Number: \_\_\_\_\_

☐ Yes ☐ No 1. I was contacted in a timely manner for this assignment.

☐ Yes ☐ No 2. I was provided enough information about this assignment.

☐ Yes ☐ No 3. Have you submitted your invoice for payment?

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No 4. If contacted, would you accept another assignment from this Division/Office?

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Comments/Feedback/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use back of sheet if necessary.

Please complete and return to the DHS LEP/SI Program Office: 2 Peachtree Street, NW  
Suite 30-452  
Atlanta, GA 30303  
Fax: 404-651-5444  
e-mail: [lepsi@dhr.state.ga.us](mailto:lepsi@dhr.state.ga.us)



## **DHS Contract Interpreter Services Contractor Feedback Form**

### **Instructions**

1. Document your name, telephone number, the date when the service was provided, the Division/Office that requested your services, and the DHS contact person's name and telephone number in the designated areas.
2. Mark either YES or NO for each question.
3. If NO is marked for questions 3 and/or 4, please provide an explanation.
4. Write any other comments, feedback, and or concerns in the designated area(s).

Submit the completed form should be sent to the LEP/SI Program Office via mail or fax. Completed forms may also be emailed to: [lepsi@dhr.state.ga.us](mailto:lepsi@dhr.state.ga.us).

The LEP/SI Program will maintain records of Contractor Feedback for Contract Interpreters. This information may be useful in improving service delivery.